

Eill io	this information to identify your ca							
Debt								
Debte (Spous	OF 2							
1 '	ed States Bankruptcy Court for the:	EASTERN DISTRICT O	OF PENNSYLVANIA					
Case	number 20-10160				Check if this is:			
(If kno					An amended A suppleme 13 Income a	-		
Of	ficial Form 106l				MM / DD/ Y	/YY		
Sc.	hadula i Your Ince	ome					12/15	
supp	s complete and accurate as possilying correct information. If you see separated and you the a separate sheet to this form. Describe Employment	are married and not filling	ig jointly, and your spot	ise is livii Mormatio	ng with you, more n about your spo	use. If more so	ace is needed.	
1.	Fill in your employment information.				Tabler 1	spulltanor acc	58(150-21-2-21-3)	
	If you have more than one job, attach a separate page with information about additional employers.	- Instrument atomics	■ Employed		☐ Emple	☐ Employed		
		Employment status	☐ Not employed	☐ Not e	☐ Not employed			
		Occupation	Teacher					
	Include part-time, seasonal, or self-employed work.	Employer's name	Wallingford-Swarth School District	apper and contact the same and an apper and contact the same and an apper and apper and apper an apper an apper and apper an apper and apper an apper and apper an apper and apper an apper an apper an apper and apper an apper and apper an apper apper apper an apper apper apper apper an apper a				
	Occupation may include student or homernaker, if it applies.	Employer's address	200 S. Providence Wallingford, PA 19					
		How long employed t	there? 20 years					
Pa	rt 2: Give Details About Mo	onthly Income						
Esti spo	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to repo	ort for any	line, write \$0 in the	space. Include	your non-filing	
lf yo	ou or your non-filing spouse have n re space, attach a separate sheet t	nore than one employer, o o this form.	combine the information fo	or all empl	oyers for that pers	on on the lines b	elow. If you need	
					Edicide Stor 1	Por Dentor non-ling's	2-orgae pouses	
2.	List monthly gross wages, sa deductions). If not paid monthly	lary, and commissions (, calculate what the monti	before all payroll hly wage would be.	2. \$	8,475.00	\$	N/A	
3.	Estimate and list monthly over	rtime pay.		3. +\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	8,475.00	\$	N/A	

Debtor	1 _/	Alison J. Zarmanian	į	Ça	se number (if known)	2	0-10160		
					oridabion (Familia		sor Delater. Norsilling s	ouse-	
(Сору	fline 4 here	4.	\$	8,475.00	,	\$	N/A	
5. I	lst a	ail payroll deductions:					_		
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: LST26	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ \$ \$ \$ \$	635.64 325.00		\$	N/A N/A N/A N/A N/A N/A N/A	
6	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,884.45		\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,590,55		\$	N/A	
	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net Income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive include cash assistance and the value (If known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income, Specify: tax refund	8c. 8d. 8e.	:	\$ 0.00 \$ 0.00 \$ 1,824.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 225.00		***	N/A N/A N/A N/A N/A	-
9.	Ađo	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,049.00		\$	N/.	<u>A</u>
10.	Cal Add	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	} 	7,639.55 +		N/A	= \$	7,639.55
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The re ite that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certe</i> plies	ault is ain Lia	the b <i>ili</i>	e combined monthly ties and Related Da	in ita,	come. , if it 12,	Comb	
13.	Do	you expect an Increase or decrease within the year after you file this form	n?	nemii ale	da				ly Income

Fill in this i	information to identify your	case:			,		
Debtor 1	Allson J. Zarman	ian					
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse If, filln:	g) First Name	Middle Name	Last Name				
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA				
Case numb	per 20-10160						
(# known)	Appendix to the second				Check if this is an amended filling		
Decla	Form 106Dec ration About a	,			12/15		
If two marr	led people are filing togethe	r, both are equally res	ponsible for supplying corre	ect Information.			
obtaining n	ile this form whenever you f noney or property by fraud i oth, 18 U.S.C. §§ 152, 1341,	n connection with a ba	les or amended schedules. ankruptcy case can result in	Making a false stateme i fines up to \$250,000, o	nt, concealing property, or ir imprisonment for up to 20		
	Sign Below			•			
Did y	ou pay or agree to pay some	eone who is NOT an at	torney to help you fill out be	ankruptcy forms?			
	No						
					icy Pelition Preparer's Notice, I Signature (Official Form 119)		
n do		the delivered by the second	and the state of t				
	r penalty of perjury, I declare ney are true and correct.	That I have read the s	numer y son schedules med	a will this deciaration a	ınu		
	s/ Alison J. Zarmanlan	(XU) C	2~~ x				
	lison J. Zarmanian ignalure of Debtor 1		Signature of (Debtor 2			
D	ate 3	10/20/20	Date		· · · · · · · · · · · · · · · · · · ·		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules